Washington State Department of Health

Trauma Care Fund – Grants & Payments.

DOH Trauma Grants - Hospitals.

Uncompensated Care Grants - Levels I & II.

We disburse these grants each year to Level I and II designated trauma services. The grants subsidize uncompensated and under-compensated trauma costs. We base the grant on a hospital's proportionate share of uncompensated trauma care. We use figures for bad debt, charity care, and total patient revenue to calculate this grant. This information is taken from the most recent, complete calendar year of hospital patient data. The sum of the Injury Severity Scores (ISS) is extracted from our Trauma Registry for the same period. This includes cases that meet both the trauma registry inclusion criteria and one of the following criteria.

1. Adult trauma patients with an ISS of 13 or greater.
2. Pediatric trauma patients, under 15 years of age, with an ISS of 9 or greater.
3. All trauma patients received in transfer regardless of ISS.

Figure 1 shows how this grant is calculated.

$$\text{Sum of ISS} \times \frac{\text{Bad debt + charity care}}{\text{Total patient revenue}} = N_1$$

$$\text{Sum of all trauma services' } N_1\text{s} = NT$$

$$((N_1 / NT) \times \text{total available for grant}) = \text{trauma service grant amount}$$

Figure 1 - Levels I – II Trauma Care Grant Calculation

Uncompensated Care Grants - Levels III, IV, & V.

We disburse these grants each year to Level III-V designated trauma services. The grants subsidize uncompensated or under-compensated trauma care costs. We base the grant calculation on designation level and trauma patient volume. The level bases are: $10,000 for level IIIs, $5,000 for level IVs and $2,500 for levels Vs. Volume data includes trauma patients that meet the Trauma Registry inclusion criteria and report either "Medicaid", "self-pay", "charity care", or "none" as a primary payer.

Figure 2 shows how this grant is calculated.

((Bad Payer Admits X multiplier) + Bad Payer Transfers) = N_1

Sum of all trauma services' N_1s = NT

((N_1 / NT) X total available for grant) = **Volume**

Volume + **Level Base** = trauma service grant amount

Figure 2 - Levels III – V Trauma Care Grant Calculation

Hospital Participation Grants - Levels I - V.

We disburse these grants each year to all designated trauma services for both general and pediatric designations. The grant is to help offset the costs of participating in the trauma system. We use three criteria to calculate this grant.

1. Designation level, with weight given to higher levels.
2. Trauma patient volume, with weight given to higher volumes.
3. Location, with weight given to rural services.

The total grant funds available are divided among the criteria: 65% for level, 17.5% for volume and 17.5% for location. Each service is grouped by volume. Table 1 shows the volume group levels.

Acute Volume	High	Med	Low
I	1000+	500-999	0-499
II	500+	200-499	0-199
III	400+	100-399	0-99
IV	200+	30-99	0-29
V	50+	25-49	0-24
Pediatric Volume	**High**	**Med**	**Low**
I-P	150+	75-149	0-74
II-P	60+	30-59	0-29
III-P	40+	20-39	0-19

Table 1 - Hospital Participation Grant.
Trauma patient volume categories.

We base location on the most current population data from the Office of Financial Management.

Hospital Rehabilitation Participation Grants - Levels I and II.

We disburse these grants each year to Level I and II designated trauma rehabilitation services for both general and pediatric designations. The grant is to help offset the costs of participating in the trauma system. We base the amount of the grant on level of designation only. Of the total grant funds available, 60% is for Level I services the remaining 40% is for Level II services. These amounts are then divided by the number of levels to give the individual grant amount.

DOH Trauma Grants - Prehospital.

Medical Program Director (MPD) Grants.

We disburse these grants each year to all current MPDs. The grant is to help offset their costs. MPDs provide medical oversight for EMS and Trauma prehospital personnel.

Prehospital Participation Grant.

We distribute these grants each year to all trauma verified prehospital agencies. The grant is to help offset the costs of participating in the trauma system. These costs can include equipment, training, supplies, and staffing. The individual grant amount is the total amount of funding divided by the number of applicants received by the deadline. The grant amount per agency for State fiscal year 2011 was $1,738. We mail grant applications and instructions to trauma verified agencies in January each year.

Prehospital Needs Grants will no longer be offered. These funds were shifted to the Prehospital Participation Grant.

Washington State Department of Health

HCA Enhanced Medicaid Payments.

Supplemental Hospital Trauma Care Medicaid Distributions - Levels I, II, & III.

HCA supports hospitals through supplemental Medicaid distributions for Levels I, II, and III. HCA payments apply to trauma cases that meet or exceed the ISS of 13 for adults and 9 for children less than 15 years of age, and to cases received in transfer. Supplemental hospital distributions are made on a quarterly basis. They are based on each participating hospital's percentage share of all eligible trauma claims for the relevant quarter.

Increased Physician Trauma Care Medicaid Payments.

HCA supports clinical providers through Increased Physician Payments. HCA payments apply to trauma cases that meet or exceed the ISS of 13 for adults and 9 for children less than 15 years of age, and to cases received in transfer. Physicians and other clinical providers receive increased payments for trauma services on a claim-specific basis. Claims for professional services are reviewed at the line item level; some procedures (e.g. laboratory) are not eligible for increased payment. For an eligible procedure, the payment amount is HCA's maximum allowable fee multiplied by the enhancement percentage.

Injury Severity Score (ISS).

The ISS is used to describe patients with multiple injuries. The Abbreviated Injury Scale (AIS) is used to score the severity of a patient's injuries. The AIS is used to classify each injury by body region on a scale from 1 to 6 -- the higher the number the more severe the injury. The AIS is used to calculate the ISS. The sum of the squares of the highest AIS scores, in the top three most severely injured body regions, gives the ISS.